## PTO/SB/06 (08-00) Approved for use through 10/31/2002. OMB 0651-0032 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
(Column 1) (Column 2)							<b>-</b>						
FOR			NUMBER FILED			NUMBER EXTRA		R.A	TE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))			\$	i i i i i i i i i i i i i i i i i i i					Ť	\$	OR		s_710
TOTAL CLAIMS (37 CFR 1.16(c))			13 minus		ıs 20 =	* 0		x \$_	=		OR	x \$ 18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))			2 min		us 3 =	* 0		x _	_=		OR	x <u>80</u> =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16) RECE							EIVEL	<u> </u>	_=		OR	+=	
If th	e difference in colum	nn 1 is les:	s then zero, er	nter "0" in colum	nn 2	NOV	3 2003	TO	ΓAL		OR	TOTAL	710
		(Colu	CLAIM	S AS AMI	ENDEI	) - PART I السناري (Lumin 2)	Y CENTER F	13799 <sub>SM</sub>	ALL I	ENTITY	OR	OTHER T	
AMENDMENT A	(a)	REM/ AF	AIMS AINING TER IDMENT		HIC NU PREV	GHEST JMBER JIOUSLY ID FOR	PRESENT EXTRA	RA		ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	*	16	Minus	**	20	= 0	x \$_	_=			x <u>\$_18</u> =	0
	Independent (37 CFR 1.16(b))	*	2	Minus	***	3	= 0	x	_=		OR OR	x <u>80</u> =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.						(37 CFR 1.16(d))	<b>-</b> +_	_=		OR	+=	
	(Column 1) (Column 2) (Column 3)						TO ADDIT.	TAL FEE		OR A	TOTAL DDIT. FEE	0	
AMENDMENT B		REM. AF	AIMS AINING TER IDMENT		NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	*	16	Minus	**	20	= 0	x \$_	_=			x \$ <u>18</u> =	0
	Independent (37 CFR 1.16(b))	*	2	Minus	***	3	= 0	x_	_=		OR OR	x <u>84</u> =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							<b>-</b>	_=		OR	+=	
(Column 1)					(Co	(Column 2) (Column 3)			TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	0
AMENDMENT C		REM. AF	AIMS AINING TER IDMENT		NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total (37 CFR 1.16(c))	*	20	Minus	**	20	= 0	x \$_	_=		OR OR	x <u>\$_18</u> =	0
	Independent (37 CFR 1.16(b))	*	3	Minus	***	3	= 0	x	_=		OR OR	x <u>86</u> =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + =								OR	+=			
										•		TOTAL	

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.